



**CITY OF MANCHESTER**  
Elderly & Disabled Exemption Application

Income and Asset Statement Provided for Year 2009

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a

Applications accepted after January 1, 2010

Filing deadline is APRIL 15, 2010

Effective for tax year 2010

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Map/Lot \_\_\_\_\_ Account No. \_\_\_\_\_ Applying for: Elderly \_\_\_\_\_ Disabled \_\_\_\_\_  
(Applicant) (please circle one)  
Owner Name \_\_\_\_\_ Owner Date of Birth \_\_\_\_\_  
Co-Owner /Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Name)  
All additional Owners on deed \_\_\_\_\_ , \_\_\_\_\_  
\*Relationship \_\_\_\_\_ (circle one) \*attach divorce decree  
Address \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_ Divorced \_\_\_\_\_  
City/State/ \_\_\_\_\_ New Hampshire resident since \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Prior address if less than 5 years \_\_\_\_\_ If married, how many years \_\_\_\_\_  
Life Estate/Trust Name\* (if any) \_\_\_\_\_ Please indicate type of residence:  
If the property is owned by a Trust a PA-33 must be completed with a full copy Single \_\_\_\_\_ Multi # of units \_\_\_\_\_  
the Trust. E-mail \_\_\_\_\_  
If you own a multi family, do you have a mortgage Y/N \_\_\_\_\_ If yes, for how much \$ \_\_\_\_\_

- ◆ Are you receiving a deduction or exemption from any other City or Town? YES \_\_\_\_\_ NO \_\_\_\_\_  
○ What is your primary place of abode? \_\_\_\_\_

If any of the following categories do not apply to YOU please write NA in that space.

**INCOME INFORMATION**  
**FOR THE PERIOD JANUARY 1 TO DECEMBER 31, 2009**  
(please attach additional sheets if necessary)

Supporting Documents **MUST** be put in order of numbers and submitted with this application.

	Owner	Co-Owner (Spouse)
1. Social Security \$ (Gross, annual)	_____	_____
2. Sos. Sec. Disability Income (Title II or Title XVI)	_____	_____
3. Veterans Admin. Disability Income (Gross)	_____	_____
4. Wages, Salaries, Tips (Gross)	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____
5. Pensions	_____	_____
•	_____	_____
•	_____	_____

6. Interest Income (all sources)	Account # _____	Amount _____
•	Account # _____	Amount _____
•	Account # _____	Amount _____
•	Account # _____	Amount _____
7. Dividend Income (all sources)	Account # _____	Amount _____
•	Account # _____	Amount _____
•	Account # _____	Amount _____
8. Real Estate Rental Income (annual)		Total Amount _____
9. Other Income (please explain)	_____	_____
◆ Total Income:	\$ _____	\$ _____

Additional Comments: (attach additional sheets if necessary) \_\_\_\_\_

**ASSET INFORMATION**  
**AS OF THE DATE OF THIS APPLICATION**  
(Please attach additional sheets if necessary)

**10. Other Real Estate:** \_\_\_\_\_  
(Street Address) (Market Value) (Please attach copy of property tax bill.)

Do you own (individually, jointly, in common, fractional, etc.) any other real estate anywhere including homes, land, mobile homes or time shares Y \_\_\_\_\_ N \_\_\_\_\_

**11. Vehicle 1:** Make \_\_\_\_\_, Model \_\_\_\_\_, Year \_\_\_\_\_, Miles \_\_\_\_\_  
**Vehicle 2:** Make \_\_\_\_\_, Model \_\_\_\_\_, Year \_\_\_\_\_, Miles \_\_\_\_\_  
**Vehicle 3:** Make \_\_\_\_\_, Model \_\_\_\_\_, Year \_\_\_\_\_, Miles \_\_\_\_\_

**12. Other Personal Prop** \_\_\_\_\_  
(Description) (Value) (Description) (Value)

**\*\*\*Please attach copies of latest statements\*\*\***

**13. List all banking resources**

Checking Account #	Bank Name	Name(s) on account	Balance

Savings Account #	Bank Name	Name(s) on account	Balance

Credit Union Account #	Credit Union Name	Name(s) on Account	Balance

CD Account #	Bank/ Institution Name	Name(s) on Account	Balance



**For the Assessing Office Only**

Application Taken By: \_\_\_\_\_

Date \_\_\_\_\_

Comments on Application \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_